

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003658

1. Entity Name

AZIIZI FOUNDATION, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90087 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5053 SE BOLLARD AVENUE  
STUART FL 34997  
US

5053 SE BOLLARD AVENUE  
STUART FL 34997-1925  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0695127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESNIK, BERNADETTE  
5053 SE BOLLARD AVENUE  
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVP ☐ Delete  
NAME RESNIK, JOHN M  
STREET ADDRESS 5053 SE BOLLARD AVENUE  
CITY-ST-ZIP STUART FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PTD ☐ Delete  
NAME RESNIK, BERNADETTE  
STREET ADDRESS 5053 SE BOLLARD AVENUE  
CITY-ST-ZIP STUART FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BARZ, MARGY  
STREET ADDRESS PO BOX 9345 N/A  
CITY-ST-ZIP PORT ST LUCIE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME MCLENDON, LINDA  
STREET ADDRESS P.O. BOX 365 N/A  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GARTON, SHARON  
STREET ADDRESS 2316 SE GILLETTE AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME ELFAST, SANDRA  
STREET ADDRESS 404 SW LOCUST COVE  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

*Bernadette Resnik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 561-288-4147  
Date Daytime Phone #

CR2E037 (9/99)